



NEW HAMPSHIRE *Hospital*

36 Clinton Street, Concord, New Hampshire 03301-3861
(603) 271-5855 FAX (603) 271-5845 TDD Access: Relay NH 1-800-735-2964

Confidential
Reference
Request

Company Name: _____
Address: _____
City/State: _____

The applicant, _____, is being considered for employment by New Hampshire Hospital for the position of _____. It would be helpful to us in evaluating this applicant if you would complete the following questions and return this form to us as soon as possible.

RELEASE OF INFORMATION: I hereby authorize any individual, hospital, company or institution with whom I have been associated to furnish NH Hospital Resources Dept. with any information concerning my employability which I have on record or otherwise, and I do hereby release the individual, hospital, company or other institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

Signature of applicant: _____ **Soc. Sec. #:** _____ / _____ / _____

Applicant: please print name : _____

Dates of employment: _____ to _____. Position(s) held: _____

Did applicant's performance meet your standards? _____

If not, please comment: _____

Was supervision well accepted? _____

Did he/she lose much time from work? _____

Reason for leaving: _____ Would you rehire? _____

If not, why? _____

Additional comments: _____

Please rate the applicant as (S) superior, (G) good, (A) average or (U) unsatisfactory:

_____ Attitude	_____ Adaptability	_____ Cooperativeness
_____ Dependability	_____ Initiative	_____ Judgment
_____ Social Adjustment	_____ Organizational Skills	

Completed By: _____ Title: _____ Date Completed: _____

State of New Hampshire
Department of Health and Human Services
Division of Mental Health and Developmental Services
TDD Access: Relay NH 1-800-735-2964